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Page 1

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PTO/SB/21 (12-97)

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**Application Number** 10/812.853 TRANSMITTAL Filing Date 3/30/2004 **FORM** First Named Inventor Paul, Susanne A. **Group Art Unit** 2817 (to be used for all correspondence after initial filing) **Examiner Name** SHINGLETON, MICHAEL 11 Total Number of Pages in This Submission Attorney Docket Number SIL.P0076 ENCLOSURES (check all that apply) Assignment Papers After Allowance Communication  $\square$ Fee Transmittal Form (for an Application) to Group Appeal Communication to Board  $\checkmark$ Drawing(s) Fee Attached of Appeals and Interferences M Appeal Communication to Group Amendment / Reply Licensing-related Papers (Appeal Notice, Brief, Reply Brief) After Final Petition Proprietary Information Petition to Convert a Affidavits/declaration(s) Status Letter Provisional Application Power of Attorney, Revocation Change of Correspondence Address Additional Enclosure(s) (please  $\overline{\mathbf{v}}$ Extension of Time Request identify below): Terminal Disclaimer Express Abandonment Request Information Disclosure Statement Request of Refund Certified Copy of Priority CD, Number of CD(s) Document(s) Response to Missing Parts/ Remarks Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Johnson & Associates Individual name ΒŊ Johnson. **Customer Number 30163** Signature Date Aŭg *i*st 9, 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Bruce A. Jobnson

Date

August 9, 2005

PTO/SB/17 (12-04v2)

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Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/812,853 FEE TRANSMITTAL 3/30/2004 Filing Date for FY 2005 First Named Inventor Susanne A. Paul SHINGLETON, MICHAEL B **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2817 Art Unit TOTAL AMOUNT OF PAYMENT SIL.P0076 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check ☑ Credit Card ☐ Money Order ☐ None □ Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Fee (5) Eee (\$) Fees Pald (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 100 200 200 Design 100 100 50 130 65 Plant 200 100 300 150 160 80 300 Reissue 150 500 250 600 300 **Provisional** 200 100 Û n 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (S) Fee.(\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Fee (\$) **Multiple Dependent Claims** Extra Ctaims Fee Paid (\$) 20 - 20 or HP = \_O\_\_\_ 50 0 Eee.(\$) Fee Paid (\$) HIP = highest number of total claims paid for, it greater than 20. Indep. Claims Extra Claima Fee (\$) Fee Paid (\$) - 3 or HP = 0\_ 200 0 HP = highest number of independent deims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee (\$) Fee Paid (5) *1*50 = (round up to a whole number) x 0 4. OTHER FEE(S) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): extension fee 1020 SUBMITTED BY Complete (F applicable) Registration No. 37381 Telephone 512-301-9900 Signature (Afterney/Agent) Bruce A. Sohnson August 9, 2005 Name (Print/Type) Date

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1459.

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